

Ek. 19/a

# Statement of Contributions

Client Name \_\_\_\_\_

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

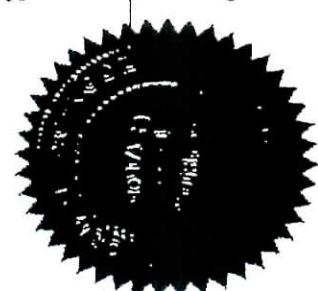
00000424

Date of Birth \_\_\_\_\_

Date of Statement  
2017-08-31

The amount of your benefits depends on how much and for how long you contribute to the Canada Pension Plan (CPP) and the Quebec Pension Plan (QPP). To receive these benefits, you must apply.

Year	Your contributions (\$)	Your pensionable earnings (\$) <sup>1</sup>	Year	Your contributions (\$)	Your pensionable earnings (\$) <sup>1</sup>
1990	0.00	0	2017	0.00	0
1991	0.00	0	0000		
1992	0.00	0	0000		
1993	0.00	0	0000		
1994	0.00	0	0000		
1995	0.00	0	0000		
1996	0.00	0	0000		
1997	0.00	0	0000		
1998	0.00	0	0000		
1999	0.00	0	0000		
2000	0.00	0	0000		
2001	0.00	0	0000		
2002	0.00	0	0000		
2003	1,301.80	39,900 M	0000		
2004	1,831.50	40,500 M	0000		
2005	2,165.10 S	41,100 M	0000		
2006	1,910.69	42,100 M	0000		
2007	1,989.90	43,700 M	0000		
2008	2,049.30	44,900 M	0000		
2009	1,572.63	35,270	0000		
2010	2,163.15	47,200 M	0000		
2011	1,038.24	24,475	0000		
2012	862.39	20,922	0000		
2013	371.25	11,000	0000		
2014	1,113.75	26,000	0000		
2015	0.00	0	0000		
2016	643.50	16,500	0000		



*[Handwritten signature or scribble over the seal area]*

<sup>1</sup> You and your employer each paid contributions of 4.95% on your earnings between the minimum of \$3,500 and the maximum of \$54,900 for 2016. These are called "pensionable earnings". Self-employed individuals paid contributions of 9.8% on these amounts.

The maximum retirement pension at age 65 this year is **\$1114.17** per month.

B - Below Basic Exemption CQ - CPP/QPP CS - Credit Split M - Maximum P - Post-Retirement Q - Quebec Pension Plan S - Self-Employed

### Estimated Monthly benefits:

If your pension were to begin next month, you could receive a retirement pension of..... **N/A** per month

If you were 65 today, based on your average pensionable earnings since age 18 or January 1, 1966, you could receive a retirement pension of ..... **\$ 483.77** per month

If you apply at the age of 60, you could receive a retirement pension of..... **\$ 309.61** per month

If you apply at the age of 70, you could receive a retirement pension of.... **\$ 686.95** per month

If you have a severe and prolonged disability that prevents you from working, as defined by the CPP:

- you could be eligible to receive a disability benefit of ..... **\$ 840.86** per month
- each of your dependent children, as defined by CPP, could receive a benefit of ..... **\$ 241.02** per month

In the event of your death:

- your survivor aged 65 or older could receive a survivor pension of ..... **\$ 290.26** per month
- your survivor aged 45 to 65, or if under 45 and disabled, or if under 45 with dependent children, could receive a survivor pension of ..... **\$ 367.92** per month
- for a survivor aged 35 to 45 (who is not disabled or does not have dependent children), the monthly pension would be reduced for each month the survivor is under 45 at the time of the contributor's death by ..... **\$ 3.07** per month
- each of your dependent children, as defined by CPP, could receive a benefit of..... **\$ 241.02** per month
- your estate could receive a one-time death benefit payment of ..... **\$ 2,500.00**

Disponible en français

## MAKE SURE YOUR STATEMENT OF CONTRIBUTIONS IS ACCURATE

If your information on the front of this Statement is incorrect or missing, the amount of your benefits could be affected.

The benefit estimates in the lower section of your Statement of Contributions are **estimates only**. They do not take into account future earnings and contributions. In addition, they do not take into account all provisions of the Canada Pension Plan (CPP) that may affect the amount of your future benefits.

### The Self-Employed 'S' Indicator

This indicator is also used to indicate you have elected to pay additional contributions to the CPP for the year.

### To correct your date of birth

If you are not receiving a CPP or Old Age Security (OAS) benefit or pension, the date of birth on your Statement is the date of birth registered on your Social Insurance Number (SIN) record or on the confirmation of SIN letter. If this date is incorrect, call the Social Insurance Registration office toll-free number at 1-800-206-7218 (select option 3) to determine how to correct it. If you are calling from outside of Canada, the number is 506-548-7961 (long distance charges apply). For more information on the Social Insurance Number program, visit [www.servicecanada.gc.ca](http://www.servicecanada.gc.ca).

If you are receiving a CPP or OAS benefit or pension, the date of birth on your Statement is the date of birth recorded at the time of your benefit or pension application. If this date is incorrect, contact us toll-free at 1-800-277-9914, if you use a TTY machine call 1-800-255-4786. If you are calling from outside of Canada or the United States, call 613-957-1954.

### If the person named on this statement is deceased

Send a copy of the death certificate or funeral director's statement of death and the SIN card or the confirmation of SIN letter of the deceased to the Social Insurance Registration office at the address below. If you do not have the card, write the deceased individual's SIN on the copy of the proof of death document. The SIN can continue to be used for estate purposes.

Social Insurance Registration  
PO Box 7000  
BATHURST NB E2A 4T1

For more information on the Social Insurance Number program, visit [www.servicecanada.gc.ca](http://www.servicecanada.gc.ca), or call the Social Insurance Registration office toll-free at 1-800-206-7218 (select option 3).

### To correct your contributions and pensionable earnings

If you were employed and your contributions are not included or are incorrect on your Statement, please write to the address below. Please include a copy of your T4 slip(s), or any other information you can provide indicating your employer, earnings and/or your contributions to the Canada Pension Plan for the year(s) in question.

If you were self-employed, please send any information you can provide such as, a copy of your T1 Income Tax Return and/or your Notice of Assessment for the year(s) in question to the address below :

Contributor Client Services  
Canada Pension Plan  
Service Canada  
PO Box 818 Station Main  
Winnipeg MB R3C 2N4

For more information about the Canada Pension Plan

visit [www.servicecanada.gc.ca](http://www.servicecanada.gc.ca)

or call toll-free at 1-800-277-9914

If you use a TTY machine, call 1-800-255-4786

Service Canada  
SON FORM  
BİRLEŞİK BÜROLARI BİLGİ BELGESİ  
MULE DE LIAISON

AGREEMENT ON SOCIAL SECURITY BETWEEN CANADA AND TURKEY  
KANADA VE TÜRKİYE ARASINDA SOSYAL GÜVENLİK ANLAŞMASI  
ACCORD DE SÉCURITÉ SOCIALE ENTRE LE CANADA ET LA TURQUIE

CAN-TUR 2

Pension Fund of the Republic of Turkey (TCES)  
Ankara  
TURKEY

FROM:  
DE: INTERNATIONAL OPERATIONS, CANADA  
OPÉRATIONS INTERNATIONALES, CANADA

PURPOSE AMAÇ BUT

Transmittal of a claim (Form TUR-CAN 1 attached).  
Bir talebin gönderimi (TUR-CAN 1 formülere ilişiktir)  
Transmission d'une demande (formule TUR-CAN 1 jointe).

Claim submitted on  
Talepte bulunulan tarih  
Demande présentée le

Date of application according to  
Article XVIII(2) of the Agreement  
Anlaşmanın XVIII (2) nolu fıkrasına  
göre talebin işleme alındığı tarih  
Date de la demande selon  
l'article XVIII(2) de l'Accord

A claim has been made for a Canadian benefit.  
Kanada ve Türkyardımları için talepte bulunulmuştur.  
Une demande a été faite pour  
une prestation canadienne.

Yes Evet  No Hayır  
Oui Non

Response to your request dated; see Section 4.  
Talebinize cevap tarihi Bölüm 4'e bakınız.  
Réponse à votre demande du; voir titre 4.

Transmittal of information; see Section 4.  
Bilgi gönderimi: Bölüm 4'e bakınız.  
Transmission de renseignements; voir titre 4.

Request for information; see Section 5.  
Bilgi isteği: Bölüm 5'e bakınız.  
Demande de renseignements; voir titre 5

1.5 PRINTED NAME AND SIGNATURE OF AUTHORIZED OFFICER  
YETKİLİ MEMURUN İSMİ VE İMZASI  
NOM EN LETTRES MOULÉES ET SIGNATURE DE L'AGENT AUTORISÉ

Date Year Month Day  
Tarih Yıl Ay Gün

2010 06 03

Printed name, signature and stamp  
İsim (malbaa harfleriyle yazılmış), imza ve mühür  
Nom en lettres moulées, signature et cachet



Christine Alvarez  
Service Canada

1.6 Page(s) attached:  
Ekli sayfa (lar):  None Yok  2  3  
Page(s) jointe(s):  Aucune

OLD AGE SECURITY PENSION APPLICANT or CANADA PENSION PLAN CONTRIBUTOR  
AŞLILIK GÜVENLİĞİ EMEKLİ AYLIĞINA BAŞVURU YAPAN VEYA KANADA EMEKLİLİK PLANINA PRİM ÖDEYEN  
DEMANDEUR D'UNE PENSION DE LA SÉCURITÉ DE LA VIEILLESSE ou COTISANT AU RÉGIME DE PENSIONS DU CANADA

Canadian Social Insurance Number  
Kanada Sosyal Sigorta Veya Dosya Numarası  
Numéro canadien d'assurance sociale

2.2 Turkish Social Security Number  
Türk Sosyal Güvenlik Numarası  
Numéro de sécurité sociale de la Turquie  
B.13.2.SGK.0.10.07.00.0302

2.3 Turkish Identification Number  
Türk Kimlik Numarası  
Numéro d'identification de la Turquie

Family name  
Soyadı  
Nom de famille

Given names  
İk-adı  
Prénoms

Family name at birth  
Doğumdaki soyadı  
Nom de famille à la naissance

Father's given name  
Baba adı  
Prénom du père

Current address  
Su andaki adresi  
Adresse Actuelle

2.6 Date of birth  
Doğum tarihi  
Date de naissance

Year Yıl  
Année

Month Ay  
Mois

Day Gün  
Jour

2.7 Place of birth  
Doğum yeri  
Lieu de naissance

APPLICANT (To be completed only for applications for survivors' benefits)  
BAŞVURU YAPAN (Sadece Hak sahipleri yardımları için yapılan başvurularda doldurulacaktır)  
DEMANDEUR (À remplir seulement pour une demande de prestations de survivants)

Canadian Social Insurance Number  
Kanada Sosyal Sigorta Veya Dosya Numarası  
Numéro canadien d'assurance sociale

3.2 Turkish Social Security Number  
Türk Sosyal Güvenlik Numarası  
Numéro de sécurité sociale de la Turquie

3.3 Turkish Identification Number  
Türk Kimlik Numarası  
Numéro d'identification de la Turquie

Family name  
Soyadı  
Nom de famille

Given names  
İk-adı  
Prénoms

Family name at birth  
Doğumdaki soyadı  
Nom de famille à la naissance

Father's given name  
Baba adı  
Prénom du père

Current address  
Su andaki adresi  
Adresse Actuelle

3.6 Date of birth  
Doğum tarihi  
Date de naissance

Year Yıl  
Année

Month Ay  
Mois

Day Gün  
Jour

3.7 Place of birth  
Doğum yeri  
Lieu de naissance

3.8 Relationship to contributor  
PrİM ödeyene yakınlığı  
Lien de parenté avec le cotisant

Date and place of death of the contributor  
PrİM ödeyenin ölüm tarihi ve yeri  
Date et lieu de décès du cotisant

Year Yıl  
Année

Month Ay  
Mois

Day Gün  
Jour

3.10 Place of death  
Ölüm yeri  
Lieu de décès

SSK sicil: ... 81916 5707.042: ...

KAMU GÜVENLİK İŞLEMLERİ BAKANLIĞI  
12.07.2010 1330189  
İRS/2

Service  
Canada  
UN FORM  
AT BÜROLARI BİLGİ BELGESİ  
TULE DE LIAISON

AGREEMENT ON SOCIAL SECURITY BETWEEN CANADA AND TURKEY  
KANADA VE TÜRKİYE ARASINDA SOSYAL GÜVENLİK ANLAŞMASI  
ACCORD DE SÉCURITÉ SOCIALE ENTRE LE CANADA ET LA TURQUIE

FORMATION PROVIDED BY CANADA  
KANADA TARAFINDAN DOLDURULACAKTIR  
INSEIGNEMENTS FOURNIS PAR LE CANADA

Information relates to:

İlgili bilgilerin konusunu belirtiniz:

Person named in Section 2.  
Bölüm 2'de adı geçen şahıs.  
La personne nommée au titre 2.

Person named in Section 3.  
Bölüm 3'de adı geçen şahıs.  
La personne nommée au titre 3.

Creditable periods  
Kredi edilebilir dönemler  
Périodes admissibles

(i) Contributions under the Canada Pension Plan Kanada emeklilik planı kapsamında primler Cotisations aux termes du Régime de pensions du Canada			(ii) Residence under the Old Age Security Act Yaşlılık Güvenliği Yasası kapsamında ikamet Résidence aux termes de la Loi sur la sécurité de la vieillesse						
Period - Dönemler - Période			Period - Dönemler - Période						
From-Tarihinden-De	To-Tarihine-Ä	Years of contributions Prim Yılları Années de cotisations	From-Tarihinden-De	To-Tarihine-Ä			Days of residence İkamet günleri Jours de résidence		
Year Yıl Année	Year Yıl Année		Year Yıl Année	Month Ay Mois	Day Gün Jour	Year Yıl Année		Month Ay Mois	Day Gün Jour
1983	2001	19							
TOTAL TOPLAM		19	TOTAL TOPLAM						

Information relates to:

İlgili bilgilerin konusunu belirtiniz:

Person named in Section 2.  
Bölüm 2'de adı geçen şahıs.  
La personne nommée au titre 2.

Person named in Section 3.  
Bölüm 3'de adı geçen şahıs.  
La personne nommée au titre 3.

Canadian benefits in pay  
Ödenen Kanada Devleti Yardımları  
Prestations canadiennes versées

Benefits Yardımlar Prestations	Under the agreement Anlaşma Kapsamında En vertu de l'accord	Payable from Ödeme tarihi Payable(s) à compter de	Current monthly amount Cari aylık meblağ Montant mensuel actuel
	Yes-Evet-Oui / No-Hayır-Non	Y-Y-A M-A-M D-G-J	
<input type="checkbox"/> Old Age Security pension Yaşlılık güvenliği emekli aylığı Pension de la sécurité de la vieillesse			C
<input type="checkbox"/> Allowance Eş Ödeneği Allocation			C
<input type="checkbox"/> Canada Pension Plan retirement pension Kanada Aylık Planı Emeklilik Yardımı Pension de retraite du Régime de pensions du Canada			C
<input type="checkbox"/> Disability pension Maluliyet Aylığı Pension d'invalidité			C
<input type="checkbox"/> Survivor's pension Hak sahipleri Aylığı Pension de survivant			C
<input type="checkbox"/> Surviving child's benefit Yetim Yardımı Prestation d'enfant survivant	<input type="checkbox"/> Disabled contributor's child's benefit Malul Prim Ödeyenin Çocuk Yardımı Prestation d'enfant de cotisant invalide		C
Child's name Çocuğun Adı Nom de l'enfant			C
			C
			C
<input type="checkbox"/> Death benefit Ölüm Yardımı Prestation de décès		Lump-sum Toplam Somme forfaitaire	C

Reason(s) benefit denied or not in pay  
Yardımların kabul edilmediği veya ödenmediği nedeni / nedenleri  
Raison(s) du rejet ou du non-versement de la prestation

age  
Yaş  
âge

insufficient periods of residence  
Yetersiz ikamet süresi  
périodes de résidence insuffisantes

insufficient contributions  
Yetersiz prim  
cotisations insuffisantes

claimant is not disabled  
Talep sahibi malul değil  
le requérant n'est pas invalide

no application submitted  
Başvuru yapılmadı  
aucune demande présentée

other (specify)  
Diğer (belirtiniz)  
autres (spécifiez)

Medical evidence  
Dosyadaki tıbbi delil  
Documents médicaux au dossier

Medical examination  
Tıbbi muayene  
Examen médical

Other (specify)  
Diğer (belirtiniz)  
Autres (spécifiez)

client is not eligible to apply for Old Age Security due to age eligibility.